

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: DISPOSABLE SYRINGE WITH
RETRACTILE NEEDLE
Attorney Docket Number:: 2520-1058
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure::
Total Drawing Sheets:: 5
Small Entity?: Yes
Latin Name::
Variety Denomination Name::
Petition Included?: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: FILOMENA
Middle Name::
Family Name:: ZEOLI
Name Suffix::
City of Residence:: SEPINO
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA SANTA CHRISTINA 48
Address::
City of Mailing Address:: SEPINO
State or Province of Mailing Address::
Country of Mailing Address:: ITALY
Postal or Zip Code of Mailing Address:: I-86017

Applicant Authority Type:: Inventor
Primary Citizenship Country:: ITALY
Status:: Full Capacity
Given Name:: MARIO
Middle Name::
Family Name:: SOZIO
Name Suffix::
City of Residence:: LATINA
State or Province of
Residence::
Country of Residence:: ITALY
Street of Mailing VIA ARMANDO DIAZ 12
Address::
City of Mailing Address:: LATINA

State or Province of Mailing Address::

Country of Mailing Address:: ITALY

Postal or Zip Code of Mailing Address:: I-04100

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

Representative Customer	00466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IT03/00435	7/10/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
ITALY	CB2002A000005	11/12/02	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::